

MAY 31 1967

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 87-004519

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 375

1. PLACE OF BIRTH A. COUNTY Cochise	B. LENGTH OF STAY IN THIS TOWN 76 years IN ARIZONA 76 yrs.	2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION)				
		A. STATE Arizona		B. COUNTY Cochise		
		C. CITY OR TOWN Benson		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
D. FULL NAME OF HOSPITAL OR INSTITUTION Benson Hospital		D. STREET (IF RURAL, GIVE LOCATION) 115 East Walker		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) José B. (MIDDLE) Quihuiz C. (LAST) Bernal			4. SEX M	5. COLOR OR RACE Span-Amer	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	
6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH DAY YEAR Sept 30 1890	8. AGE (IN YEARS LAST BIRTHDAY) 76	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Laborer
9B. KIND OF BUSINESS OR INDUSTRY Highway Dept.	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO. 527-01-4636-A	
14A. FATHER'S NAME Sacramento Bernal		14B. BIRTHPLACE (STATE OR COUNTRY) Mexico	15A. MOTHER'S MAIDEN NAME Guadalupe Quihuiz		15B. BIRTHPLACE (STATE OR COUNTRY) Mexico	
16. INFORMANT'S SIGNATURE X <i>Asisido Bernal Benson Ariz</i>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) May 20 1967			
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). †THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH† ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		(A) <i>Pneumonia</i>		<i>4 days</i>	
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		DUE TO (B) <i>Acute cholecystitis</i>		<i>2 days</i>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION <i>Chronic alcoholism</i>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>Jan 9</i> , 19 <i>64</i> , TO <i>May 20</i> , 19 <i>67</i> , THAT I LAST SAW THE DECEASED ALIVE ON <i>May 20</i> , 19 <i>67</i> , AND THAT DEATH OCCURRED AT <i>5:50</i> PM. FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
22A. SIGNATURE <i>Dr. John W. ...</i>		22B. ADDRESS <i>1316 6th St. Benson, Ariz</i>		22C. DATE SIGNED <i>May 22, 1967</i>		
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)		
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?		
24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED	
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE May 3, 1967	25C. NAME OF CEMETERY OR CREMATORY Benson Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Benson, Cochise, Arizona	
26A. DATE REC. BY LOCAL REG. <i>May 22, 1967</i>		26B. REGISTRAR'S SIGNATURE <i>Amy Lowery, Reg.</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>Cecil Richardson</i>		
26C. REGISTRAR'S SIGNATURE <i>Amy Lowery, Reg.</i>		27B. ADDRESS Benson, Arizona		28A. EMBALMER'S SIGNATURE <i>Cecil Richardson</i>		
28B. EMBALMER'S CERT. NO. 442A						